PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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6. C.	Application Number	10/607,923			
TRANSMITTAL	Filing Date	June 27, 2003			
pub 1 출 FORM	First Named Inventor	Helmut Bentivoglio			
(to be used for all correspondence after initial f	iling) Art Unit	2875			
TRADEMAN	Examiner Name	Ismael Negron			
Tatal Number of Course in This Submission	Attorney Docket Number	SCH-00069			
Total Number of Pages in This Submission					
ENCLOSURES (Check all that apply)					
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addres Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks	Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Request for Withdrawal of Notice of Appeal; Request for Continued Examination (RCE) Transmittal, Return Receipt Postcard.			
Response to Missing Parts under 37 CFR 1.52 or 1.53	,				
SIGNAT	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual name Warn, Hoffmann, Miller & LaLone, P.C. Philip R. Warn - Reg No. 32775					
Date August 16, 2005					
CERTIFICATE OF TRANSMISSION/MAILING					
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Linder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known rsuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/607.923 Application Number RANSMITTAL Filing Date June 27, 2003 8 2005 Fror FY 2005 First Named Inventor Helmut Bentivoglio **Examiner Name** Ismael Negron Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2875 TOTAL PANDENT OF PAYMENT 790.00 Attorney Docket No. SCH-00069 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None I Other (please identify): ✓ Deposit Account Deposit Account Number: 501612 Deposit Account Name: Warn, Hoffmann, Miller & LaLone, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 300 Utility 150 500 250 200 100 Design 200 100 100 130 50 65 Plant 200 100 300 150 160 80 300 Reissue 150 500 600 250 300 200 Provisional 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description <u>Fee (\$)</u> Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 360 180 Multiple dependent claims **Total Claims Extra Claims** Fee Paid (\$) Multiple Dependent Claims Fee (\$) - 20 or HP = Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Extra Sheets** Fee Paid (\$) Total Sheets Fee (\$) (round up to a whole number) x -100 =4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Request for Continued Examination 790.00

SUBMITTED BY	10		
Signature	h	Registration No. (Attorney/Agent) 32775	Telephone (248) 364-4300
Name (Print/Type	e) Philip R. Warn		Date August 16, 2005

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